```
IHC HOME CARE AT DIXIE              PROVIDER #: 467033            TYPE ACTION: RECERTIFICATION
1240 EAST 100 SOUTH, SUITE # 219         PHONE NUMBER: (435) 688-4567      TYPE FACILITY: OFFICIAL HEALTH
ST GEORGE UT 84790              PARTICIPATION DATE: 10/12/1984   TYPE OWNERSHIP: VOLUNTARY NON-PROFIT - PRIVA
STATE'S REGION CODE: 001
```

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

CURRENT SURVEY REVISIT DATES -

```
PRIOR 3  PRIOR 2  PRIOR 1  CURRENT      PLAN/DATE
SURVEY   SURVEY   SURVEY   SURVEY     OF CORRECTION              PROGRAM REQUIREMENTS
04/1995  04/1996  03/1998  01/25/2001

          X                                         STD     G0144-CLINICAL RECORD ESTABLISHES INTERCHANGE, REPORTING, & COO
          X                                         STD     G0158-WRITTEN PLAN OF CARE ESTABLISHED & PERIODICALLY REVIEWED
   X                                                STD     G0170-SKILLED NURSING SERVICES FURNISHED IN ACCORDANCE WITH PLA
          X                                         STD     G0173-RN INITIATES PLAN OF CARE & NECESSARY REVISIONS
   X                                                STD     G0211-COMPETENCY EVALUATION PROGRAM COMPLETED PRIOR TO FURNISHI
   X                                                STD     G0212-AGENCY RESPONSIBLE FOR AIDE MEETING COMPETENCY EVALUATION
   X                                                STD     G0213-CONTENT & FREQUENCY OF COMPETENCY EVALUATION, INSERVICE T
          X                                         STD     G0217-EVALUATION PERFORMED BY RN/INSERVICE SUPERVISED BY RN
   X                                                STD     G0221-DOCUMENTATION OF HOME HEALTH AIDE COMPETENCY EVALUATION
                            X C      03/25/2001      STD     G0229-SUPERVISORY VISITS IF SKILLED CARE NO LESS THAN ONCE EVER
                            X C      03/25/2001      STD     G0230-SUPERVISORY VISITS IF NO SKILLED CARE NO LESS THAN ONCE E
          X                                         STD     G0231-HOME HEALTH AIDE SERVICES PROVIDED UNDER ARRANGEMENT
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TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	2	0	5	5
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	2	0	5	5

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                    STATUS OF DEFICIENT COPS
                       CURRENT SURVEY
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	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
COP	0	0	0

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY


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C=DATE OF CORRECTION    N=NO DATE GIVEN     P=PLAN OF CORRECTION    R=REFUSED TO CORRECT    W=WAIVED    F=FSES    X=DEFICIENT
COP = CONDITION    REQ = REQUIREMENT
```